Filing Date

43

44

45

46

47

48

49

50

Total

Indep

Total

Total

Depend

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								Application Number Filling Date 09/119 21 9								
								Applicant(s)								
(For use with Fourity 10/05/00)									May be used for additional claims or amendments							
CLAIMS AS FILEU AFTER FIRST AFTER SECOND								may be as	•		*		•			
CLAIMS	S-05 A		AMEN	DMENT	AMENDMENT		l l									
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend		
	ilideb	Depend	шоср	Ворон				51								
2		7						52								
3								53								
4								54				<u> </u>				
5.								55				L				
6		-						56				L				
7								57		ļ						
8			- :	T				58		L	ļ	ļ				
9		F	/					59		ļ		ļ	ļ			
10							L	60		ļ				<u> </u>		
11							L	61		ļ		 				
12		1						62				 				
13				l			 -	63		ļ		 				
14					<u> </u>		⊢	64		 		 	ļ			
15							L	65		 		1		 		
16				1		<u> </u>	-	66		- 		- 	 			
17			<u> </u>			 	ļ.	67		 		- 	 	 		
18		1		1,		ļ	ŀ	68		- 	 		 	 		
19		/					F	69				 	 	 		
20					<u> </u>		-	70 71	<u> </u>	-		 	 	 		
21_		<u> </u>		<u> </u>			ŀ	72		 	 	+	· · · · · · ·	-		
22				٠ــــــــــــــــــــــــــــــــــ	ļ		ŀ	73		+	 		1	 		
23			<u> </u>	<u> </u>			ŀ	74	<u> </u>				 			
24					ļ	 	-	75			 	 	 	 		
25			ļ		 	 	. ⊦	76	-	+			 	T		
26 .			 		-		ŀ	77	 	- 	1		†			
27	_	ļ	 -/		 	 	·	78	 		 	1	1	T		
28		 	 		 	 	ŀ	79	 	+	1			1		
29		<u> </u>	 	 	 	 	}_}	80	 	 	1	1				
30		 		 	 -	- 	ŀ	81	 		1	T				
31	4	 	 	+	+	 	t	82		1	1		I			
32	+	 	 		-	┪	ŀ	83		T	1					
33	+	+	+	+	+	 	t	84		T	T					
34	+	 	+	+	+	1	ŀ	85	1		T					
35		-	 	+	+	 	· 1	86								
36			 		 	1		87								
37		+	+		 	1	ı	88								
38		+	+		+	11	l t	89	T							
40			1	+	+	- <u>-</u>		, 90						<u> </u>		
41	+	+	+	+	1	1		91					1			
<u> </u>		_	+				i t	92			1	1		1		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

94

95

96

97

98

99

100

Total

Indep

Total

Total

Claims

Depend

National Stage Processing Paraierol Specialist (703) 305-3/34 MULTIPLE DEPENDE CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 875) 17-5-04 CLAIMS ZON AMENOMENT AFTER THE AMENDMENT AS FILED IND. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. IND. OEP. 2 3 4 5 6 7 8 9 A STATE OF THE STA TOTAL AL AL TOTAL DEP. TOTAL P. Weit

ووالباغليم يتعو يناتي والانتائيين والعالية

Creditation.